



Please note: The form works best with the Adobe Acrobat extension active in your browser

## Carquinez Village Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### Volunteer Opportunities:

#### Direct Services:

- |   |   |
|---|---|
| <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Errands/grocery shopping       |
| <input type="checkbox"/> Transportation with wheelchair | <input type="checkbox"/> Friendly visits/check-in calls |
| <input type="checkbox"/> Technical/computer assistance  | <input type="checkbox"/> Personal business assistance   |
| <input type="checkbox"/> Light housework                | <input type="checkbox"/> Respite for caregivers         |
| <input type="checkbox"/> Handy person tasks             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Gardening                      |   |

#### Programs and Administrative:

- |  |   |
|--|---|
| <input type="checkbox"/> Village social/cultural programs    | <input type="checkbox"/> Board of Directors (2-year commitment) |
| <input type="checkbox"/> Administrative or committee work    | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Fundraising (grant writing, events) |   |

#### Other:

Are you fluent in any other language besides English, including ASL? If so, please indicate \_\_\_\_\_

❖ Can you be called upon to interpret or translate? ☐ Yes ☐ No

How did you hear about Carquinez Village? \_\_\_\_\_

\_\_\_\_\_

Have you worked with seniors before? (please explain): \_\_\_\_\_

\_\_\_\_\_

What interests you most about working with this program? \_\_\_\_\_

\_\_\_\_\_

Please check areas to which you are willing to provide transportation. (Gas reimbursement for round trips greater than 60 miles)

☐ Benicia

☐ East Bay/Contra Costa

☐ Napa/North Bay

☐ Vallejo

☐ Fairfield/Vacaville

☐ San Francisco

Please list between **three personal references** (in case we cannot reach someone) who are not members of your family or household.

Name	Email	Phone	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Contact

Name: \_\_\_\_\_ City/State \_\_\_\_\_

Phone Numbers - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*All of the above information is true and correct to the best of my knowledge. I understand that, should I be selected as a volunteer, I will provide services to Carquinez Village's members and guests to the best of my abilities.*

***I understand that a background check (and if driving, a DMV check) is required to provide services to members. To complete the background check, a social security number is required but will not be kept on file. All information shared with me by either the agency or the members will be kept confidential.***

*I also understand that Carquinez Village is an organization that provides services to members regardless of race, ethnicity, gender, gender identity, sexual orientation, disability, or religious preference. Any child under the age of 18 must have the written permission of a parent or legal guardian to volunteer. A responsible adult must be present and take responsibility for a child to complete expected volunteer responsibilities.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if under 18 years old)

### ***Application can be mailed to:***

Carquinez Village Volunteers  
77 Solano Square, #279  
Benicia, CA 94510-2712

Carquinez Village phone number: (707) 297-2472 (call for more information or questions)